

RECEIVED

AUG 12 2024

CLERK, U.S. DISTRICT COURT
WESTERN DISTRICT OF TEXAS
BY *SL* DEPUTY CLERK

Jerry Lee Canfield
TDCJ# 01848978
H.H. Coffield Unit
2661 FM 2054
Tennessee Colony, Texas 75884-5000

FILED
AUG 12 2024
CLERK, U.S. DISTRICT CLERK
WESTERN DISTRICT OF TEXAS
BY *SL* DEPUTY

United States District Court
for the Western District of
Texas, at Austin.
ATTN: Clerk's Office
U.S. Courthouse
501 West 5th Street, RM., 1100
Austin, Texas 78701

RE: Bernhardt Tiede II

Vs.

Civil Action No. 1:03-CV-1004-RP

Bryan Collier, TDCJ, Dir.

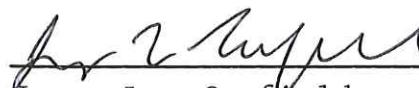
Dear Clerk of the Court:

Greetings! Enclosed are heat survey documents completed by inmate's incarcerated in the Texas Department of Criminal Justice, H.H. Coffield Unit in Tennessee Colony, County of Anderson, Texas. Please file in the above cause.

~~I have sent the same documents to Texas Prison Community Advocates and the original's to this Court, due to Legal Mail and General Mail not arriving at its destination. This is to assur that the documents at least arrive at an outside destination.~~

Thank you for your time and help with my request. If the Court has any requests or order's for the filing of the enclosed, please reply to me at the address above at your earliest convenience.

Sincerely,



Jerry Lee Canfield
Pro se Litigant.

Certified Mail#9589-0710-5270-0944-2874-65

CC: File

Your Name James HelmuthTDCJ Number 1559537Unit name CoffieldDate 7/1/24Ethnicity WhiteBirth Date 3/29/77

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply.*

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input checked="" type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | |
| <input type="checkbox"/> Cold Shower not working | <input checked="" type="checkbox"/> Health crisis disregarded | |
| <input checked="" type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).
The Officer do not pass out water, while we are also there is contaminated, cell rough infected racked up for count-time, even after count clears 2 hrs later 5 hrs in hot 5x9 cell with 2 men

If yes, how often are you allowed to take a cold shower? daily

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

Sometimes they do deny you respite / and sometimes only for 2 hrs

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

only 2hrs only

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERN

Are you heat restricted? Yes No Please describe your heat restriction _____Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes No

Are you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? None

Do you have a heat related illness? (Describe) the ones down below, but, its not on my medical file, I try to drink water and stay in front of fans.

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

yes, all the above

Do you know of any heat related deaths? (name) _____

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No
We get little to no Day Room, mainly stay rack-up in the oven hotbox cells

~~Have after being moved to a Seg area have you been denied any of the following?~~

Dayroom access
 Outside recreation
~~Inside recreation~~
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? Med Sq Time frame held? _____ How many hours a day do you work? _____

How many days a week do you work? N/A Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided)

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance waiting for results

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAAdvocates@gmail.com www.TPCAAdvocates.org

Your Name Johnny Franks
 TDCJ Number 01692824
 Unit name Coffield



Date JULY 1, 2024
 Ethnicity White
 Birth Date JULY 18 1974

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. *

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input checked="" type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | |
| <input type="checkbox"/> Cold Shower not working | <input checked="" type="checkbox"/> Health crisis disregarded | |
| <input type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input checked="" type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

4 hours without a break, AT times NO ICE, SOMETIMES HOT

ALL DAY, AT TIMES, LOCKED OUT OF DAY ROOM, NO ACCESS TO WATER

If yes, how often are you allowed to take a cold shower? _____

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? Yes No Please describe your heat restriction _____

Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes No

Are you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? NO

Do you have a heat related illness? (Describe) YES, Heat-Related Asthma; hard to breath when the temp rises. While sleeping my through a "hot blanket"

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Dizzness, Headaches, loss of appetite, stomach cramps often, hard to breath, SEVERE

Do you know of any heat related deaths? (name)

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
 Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? WWR Time frame held? _____ How many hours a day do you work? _____

How many days a week do you work? _____ Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided)

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Your Name Saul LOZANOTDCJ Number 02410312Unit name CoppieldDate July 1, 2024Ethnicity LATIN AME.Birth Date 09-16-80

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. *

- | | | |
|---|--|--|
| <input type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> Cold Shower not working | <input checked="" type="checkbox"/> Health crisis disregarded | |
| <input checked="" type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

Not Regularly, AT TIMES HOT WELL, NARMIf yes, how often are you allowed to take a cold shower? OnceIf no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances Stay on lock down

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? Yes No Please describe your heat restriction _____Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes NoAre you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? No

Do you have a heat related illness? (Describe) No

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Heat Rash, pale, clammy skin

Do you know of any heat related deaths? (name) No

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
 Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? N/A Time frame held? N/A How many hours a day do you work? N/A

How many days a week do you work? N/A Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) N/A

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAdvocates@gmail.com www.TPCAdvocates.org

Your Name MARTINEZ, PATRICKTDCJ Number 1942492Unit name H.H. COFFIELDDate 1 JULY 2024Ethnicity HISPANICBirth Date 3

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. *

- No Cups No Bottled water available through Commissary Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.)
- No Ice No electrolyte sports drinks available through Commissary No access to Unit fans
- Broken Ice Machines No cooling towels on Commissary Broken Unit fans
- No water No cooling shirts on Commissary
- No Heat policy posted No water breaks while working (specifically outside jobs) Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas
- Cold Shower not working Health crisis disregarded
- Low/no water pressure in shower No wellness checks being conducted Transported/left in hot bus
- Denied access to the respite area
- No access to cool down showers

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

WATER IS NOW BEING DELIVERED WITHOUT ICE.

If yes, how often are you allowed to take a cold shower? _____

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERNSAre you heat restricted? Yes No Please describe your heat restriction _____Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes NoAre you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? HIGH BLOOD PRESSURE

Do you have a heat related illness? (Describe) No

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

No

Do you know of any heat related deaths? (name) ND

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
 Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? MEN UNASyN. Time frame held? _____ How many hours a day do you work? _____

How many days a week do you work? _____ Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided)

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 77448

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Your Name Justin CannonTDCJ Number 2007876Unit name Coffield

Date _____

Ethnicity WBirth Date 1990.04.13

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. *

- | | | |
|--|--|--|
| <input type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input checked="" type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> Cold Shower not working | <input type="checkbox"/> Health crisis disregarded | |
| <input type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).
sporadically, without ice

If yes, how often are you allowed to take a cold shower? _____

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area.
(frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERNSAre you heat restricted? Yes No Please describe your heat restriction _____Have you been asked to wave their Heat restrictions? Yes No

If yes, who asked you to wave their heat restriction? _____

Have you chosen to wave their heat restriction themselves? Yes NoAre you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? _____

Do you have a heat related illness? (Describe) _____

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Do you know of any heat related deaths? (name) _____

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
 Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? _____ Time frame held? _____ How many hours a day do you work? _____

How many days a week do you work? _____ Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided)

Are you allowed water breaks for field jobs? Yes No

Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX ~~2024~~

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAAdvocates@gmail.com www.TPCAdvocates.org

Due to concerns of ~~overcrowding~~ as experienced in past events for several long term ranking officer's I choose not to give Personal Identification info.

Your Name _____

TDCJ Number _____

Unit name CoffieldDate Mon. July 1. 2024Ethnicity Caucasian

Birth Date _____

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. *

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input checked="" type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input checked="" type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input checked="" type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> Transported/left in hot bus |
| <input type="checkbox"/> Cold Shower not working | <input checked="" type="checkbox"/> Health crisis disregarded | <input type="checkbox"/> No wellness checks being conducted |
| <input type="checkbox"/> Low/no water pressure in shower | | |
| <input checked="" type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

We receive 6-8 gallons of ~~ice~~ water in ice

about 4 Times a week to be share between 176 inmates.
The bottom of the cooler is usually littered with unidentifiable debris.

If yes, how often are you allowed to take a cold shower? Once a day?

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

denial of respite is common. Receiving / denial of respite depends on who's working. we've all been denied respite @ some point by long time ranking officer's down to co's. It's rare for anyone to document it.

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area.

(frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Barber Shop respite is not cold air ~~like~~ like in chapel or office's. limited seating.

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERNS

not yet

Are you heat restricted? Yes No Please describe your heat restriction _____

Have you been asked to waive their Heat restrictions? Yes No *I've never been asked about any heat related symptoms.*

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes No

Are you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? ?

Do you have a heat related illness? (Describe) I. D. K.

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe. I suffer daily from one or any combination of the ~~the~~ underlined symptoms

Do you know of any heat related deaths? (name) Someone is always dying in TDCJ. The true reasons as to why the death occurred are likely hidden.

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
 Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? _____ Time frame held? _____ How many hours a day do you work? _____

How many days a week do you work? _____ Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided)

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance Step ones are not always returned.

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Your Name Samuel WadeTDCJ Number 02153293Unit name CoffieldDate 1 July 2024Ethnicity WhiteBirth Date 05/24/78**Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!**

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. *

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | |
| <input type="checkbox"/> Cold Shower not working | <input type="checkbox"/> Health crisis disregarded | |
| <input type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

Receiving water with no ice from kitchen.Water coolers not cleaned/bleached daily. Sediment in coolersIf yes, how often are you allowed to take a cold shower? Once daily (Around 7 pm)

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

_____If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area.
(frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERNSAre you heat restricted? Yes No Please describe your heat restriction _____Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes NoAre you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? No

Do you have a heat related illness? (Describe) _____

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Dizziness, Heat rash, headache, loss of appetite, excessive sweating, cramps

Do you know of any heat related deaths? (name) _____

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? Maintenance Squad Time frame held? 6-12 How many hours a day do you work? 0

How many days a week do you work? 0 Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) _____

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 77448

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 77448 TPCAdvocates@gmail.com www.TPCAdvocates.org

Your Name TUTANKHAMUN HOLT
 TDCJ Number 02230356
 Unit name COFFIELD



Date 1 JULY 2024
 Ethnicity AMERICAN
 Birth Date 7 JULY 1982

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. *

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input checked="" type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input checked="" type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | |
| <input checked="" type="checkbox"/> Cold Shower not working | <input checked="" type="checkbox"/> Health crisis disregarded | |
| <input type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input checked="" type="checkbox"/> Denied access to the respite area | | |
| <input checked="" type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).
WATER OR ICE RECEIVED EVERY SIX OR MORE HOURS W/ INSECTS

If yes, how often are you allowed to take a cold shower? ONCE A DAY (IRREGULARLY)

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances AT THE BEGINNING OF THE HOTTEST PART OF THE DAY
 If you have ever been denied access to the respite area, why were you denied, date, and by whom? 5-6 PM

TURN KEY, AFRICAN, RESPIRE CLOSED SHOULD HAVE RESPIRE SHOWER

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area.
 (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? Yes No Please describe your heat restriction _____

Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes No BUT HEAT IS UNAVOIDABLE IN UNIT

Are you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? *NOT APPL AND*

Do you have a heat related illness? (Describe) *NO*

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

YES

Do you know of any heat related deaths? (name) *NO*

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
 Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? *NINE* Time frame held? *M/R* How many hours a day do you work? _____

How many days a week do you work? _____ Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided)

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX *20280*

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Your Name Alandis Russaw, Jr.
 TDCJ Number 02113821
 Unit Name Coffield



Date 7/1/2024
 Ethnicity Black
 Birth Date 08/29/1990

As TPCA grows we would like to address some of the issues that are most important to you all as they fall within our organization's agenda. As many of you have already responded to our heat survey we did not include that topic here.

1. Please rank the following topics in order of priority for you using numbers between 1-14 (1 being "most important topic for me" and 14 being "the least important").

- | | | |
|---|--|--|
| <input type="checkbox"/> 2 Medical care | <input type="checkbox"/> 10 Visitation | <input type="checkbox"/> 14 Education |
| <input type="checkbox"/> 12 Mental Health Care | <input type="checkbox"/> 8 Tablets | <input type="checkbox"/> 7 Programs |
| <input type="checkbox"/> 5 Disciplinary Process | <input type="checkbox"/> 9 Phones | <input type="checkbox"/> 1 Legislation |
| <input type="checkbox"/> 4 Food | <input type="checkbox"/> 11 Mail | <input type="checkbox"/> 13 Recreation |
| <input type="checkbox"/> 3 Water | <input type="checkbox"/> 6 Abuse | |

Please rate the following areas in order of priority for you using numbers between 1-5 (1 -most important, 2 -very important, 3- somewhat important, 4 -not really important, and 5- the least important).

2. Medical Care

- | | | |
|--|--|---|
| <input type="checkbox"/> 3 Prescription medication access | <input type="checkbox"/> 1 Sleep deprivation | <input type="checkbox"/> 5 Acess to Hearing devices or treatment |
| <input type="checkbox"/> 1 Denial of meaningful healthcare | <input type="checkbox"/> 3 Access to vision care | <input type="checkbox"/> 4 Over the counter medication access |
| <input type="checkbox"/> 4 Compassionate release MRIS/EMR | <input type="checkbox"/> 2 Cost of medical care | <input type="checkbox"/> 1 Responsiveness to medical requests/l60s |
| <input type="checkbox"/> 3 Hospital transport | <input type="checkbox"/> 2 Access to Dental care | <input type="checkbox"/> 3 Timing of medication distribution (KOPS) |
| <input type="checkbox"/> 3 Denied access to medical | | <input type="checkbox"/> 1 Lack of attention to medical emergencies |

3. Mental Health Care

- | | |
|--|---|
| <input type="checkbox"/> 1 System responsiveness to mental health care requests | <input type="checkbox"/> 3 Information on mental health programs availability |
| <input type="checkbox"/> 1 Concerns regarding suicide in the system | |
| <input type="checkbox"/> 1 Concerns about the current treatment and recovery options | <input type="checkbox"/> 2 Grief counseling/Suicide Intervention counseling |

4. Food

- | | | |
|--|--|--|
| <input type="checkbox"/> 1 Not enough food | <input type="checkbox"/> 1 Lack of Protien | <input type="checkbox"/> 1 Lack of Protien options |
| <input type="checkbox"/> 3 Not recieveing meals | <input type="checkbox"/> 1 Lack of carbs | <input type="checkbox"/> 1 Spoiled or rotten food |
| <input type="checkbox"/> 3 Breakfast chow timing | <input type="checkbox"/> 1 Lack of Vegetables | <input type="checkbox"/> 1 Johhny sacs |
| | <input type="checkbox"/> 3 Dietary restitutions not being adheard to | |

5. Commissary

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 Variety of items | <input type="checkbox"/> 1 Lack of access to Water | <input type="checkbox"/> 3 Lost mail |
| <input type="checkbox"/> 1 Lack of availability of items | <input type="checkbox"/> 1 Dirty water recepticles | <input type="checkbox"/> 2 Denied mail |
| <input type="checkbox"/> 2 Limited access | <input type="checkbox"/> 2 Smelly or discolored Water | <input type="checkbox"/> 2 Denial of books |
| <input type="checkbox"/> 1 Pricing | | |

6. Water

- | |
|---|
| <input type="checkbox"/> 1 Lack of access to Water |
| <input type="checkbox"/> 1 Dirty water recepticles |
| <input type="checkbox"/> 2 Smelly or discolored Water |

7. Mail

- | |
|--|
| <input type="checkbox"/> 3 Lost mail |
| <input type="checkbox"/> 2 Denied mail |
| <input type="checkbox"/> 2 Denial of books |

8. Visitation

- 1 Not enough visitation time
- 2 Not enough visitation opportunities
- 3 Family/child friendly area

- 2 Would like to have more than 12 people on visitation list
- 2 Healthy vending machine choice

9. Education

- 3 Acess to higher education opportunities
- 2 Denial of educational opportunities
- 2 Assitance with educational process

- 2 Educational Cost
- 3 Access to certifications
- 4 Personal disability preventing education
- 4 Educational Counseling

10. Programs

- 1 Lack of program availability
- 2 Need more programs that offer credentials
- 2 Need more information on programs

- 3 Denial of programs
- 3 Variety of programs

11. MISC

- 1 Retailation
- 1 Disciplinary process
- 1 Miss classification
- 1 PREA
- 1 Phone
- 1 Tablets
- 2 Recreation

12. What are the "BEST" programs at TDCJ? Why do you consider those programs to be the "BEST"?
The best programs are the trade schools that teach you applicable workplace skills, but G3s are not allowed into most of these programs.

13. Would you like ALL TDCJ units to have video surveillance systems throughout the facilities?

Yes No

14. Tell us your suggestions for making your visitation experiences better. Fully stocked vending machines, at reasonable prices. Shorter distances to qualify for extended or special visits.

15. Is there anything else that you would like to share _____

Your Name La Anthony D. MurphyTDCJ Number 2389819Unit name CoffieldDate July 1, 2024Ethnicity BlackBirth Date Sept. 17, 1989

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. *

- | | | |
|---|--|--|
| <input type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input checked="" type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input checked="" type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> Cold Shower not working | <input checked="" type="checkbox"/> Health crisis disregarded | |
| <input checked="" type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input checked="" type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

7-10am water in coders go from cold to luke warm withhair floating water or grass if not a coach; hottest parts of day hardly any cold waterIf yes, how often are you allowed to take a cold shower? once a day after dinner hours

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

because they wanted us to pack up for count and we weren't allow to leave the wing during count times. At most every 2pm count on Nodala shift

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERN

Are you heat restricted? Yes No Please describe your heat restriction _____Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes NoAre you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? board line diabetes, high blood pressure

Do you have a heat related illness? (Describe) No

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Excessive sweating, feeling sick and body cramps

Do you know of any heat related deaths? (name) _____

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
 Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? Work S&Q Time frame held? 1 year How many hours a day do you work? None

How many days a week do you work? None Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided)

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at:

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Your Name Mark DouglasTDCJ Number 1877189Unit name CoffieldDate 7-1-24Ethnicity WhiteBirth Date 01-29-65

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. *

- | | | |
|---|--|--|
| <input type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input checked="" type="checkbox"/> Broken Ice Machines | <input checked="" type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input checked="" type="checkbox"/> No water | <input checked="" type="checkbox"/> No cooling shirts on Commissary | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | |
| <input type="checkbox"/> Cold Shower not working | <input type="checkbox"/> Health crisis disregarded | |
| <input type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input checked="" type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

every summer at least once a day to every other day

If yes, how often are you allowed to take a cold shower? usually once a day in evening 7-7:30 pm

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom? Fuller-cox

last summer 3 times they claimed to crowded (no room) 1 time no passes
been → for turn key to fill out. 3 times it was sent back after 20 min - Blair

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area.
(frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

again last summer. conditions fair, I usually stayed 2-3 hours, Frequency everyday
when it gets bad hot for me up 90% with high humidity, when they start packing up
for afternoon count which happened in the last 2 summers.

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERNAre you heat restricted? Yes No Please describe your heat restriction

I take several med. that cause prob with heat,

Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes NoAre you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? yes

Do you have a heat related illness? (Describe) yes Heat rash, dizziness

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Yes see above and others but not sure if they are a result of other medical conditions

Do you know of any heat related deaths? (name) yes but I don't know their name only nicknames

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? Inside med. Spd. Time frame held? 6am - 1pm How many hours a day do you work? haven't

How many days a week do you work? _____ Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided)

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;
Texas Prisons Community Advocates
P. O. Box 1974
Fulton, TX 77448

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 77448 TPCAAdvocates@gmail.com www.TPCAAdvocates.org

Your Name Alandis Russaw Jr.TDCJ Number 02113821Unit name CoffieldDate 7/1/2024Ethnicity BlackBirth Date 08/29/1990

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. *

- | | | |
|--|--|--|
| <input type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input checked="" type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input checked="" type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input checked="" type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> Cold Shower not working | <input type="checkbox"/> Health crisis disregarded | |
| <input type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

Very infrequently, often times it is without ice. Duringpeak summer temps; sometimes no cold water at all.If yes, how often are you allowed to take a cold shower? once a day in the late evening.

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERNSAre you heat restricted? Yes No Please describe your heat restriction _____Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes NoAre you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? No

Do you have a heat related illness? (Describe) No

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Excessive sweating, headaches - during times where humidity is high as well.

Do you know of any heat related deaths? (name) _____

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
 Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? Clothes Exchange Time frame held? 1 month How many hours a day do you work? 9

How many days a week do you work? 6 Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) Because we work in the shower area, humidity is high, and the exhaust fans are currently not working.

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at:
 Texas Prisons Community Advocates
 P. O. Box 1974
 Fulton, TX 78358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Your Name Jean Williams
 TDCI Number 022379090
 Unit name Coffield



Date July 1, 2024
 Ethnicity African American
 Birth Date 10-17-79

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCI has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCI accountable we need your help!

Please check all the following that apply. *

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input checked="" type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | |
| <input type="checkbox"/> Cold Shower not working | <input type="checkbox"/> Health crisis disregarded | |
| <input type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).
only in day room, when yes full, in the cell they don't pass out water and ice.

If yes, how often are you allowed to take a cold shower? once a day

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area, (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? Yes No Please describe your heat restriction _____

Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes No

Are you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? _____

Do you have a heat related illness? (Describe) _____

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Do you know of any heat related deaths? (name) _____

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

- Dayroom access
- Outside recreation
- Inside recreation
- Commissary

- Physical access to Law Library
- Educational Classes
- Phone privileges
- Access to showers

- Marriage Seminars
- Rehabilitation Programs
- Visitation
- Denied water

JOB

What is your job? work Squal Time frame held? _____ How many hours a day do you work? _____

How many days a week do you work? _____ Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided)

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX ~~77448~~

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAdvocates@gmail.com www.TPCAdvocates.org

Your Name Addam WhiddonTDCJ Number 2285614Unit name CoffieldDate 7-1-24Ethnicity WhiteBirth Date 12/21/90

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. *

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input checked="" type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | |
| <input type="checkbox"/> Cold Shower not working | <input type="checkbox"/> Health crisis disregarded | |
| <input type="checkbox"/> Low/no water pressure in shower | <input type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

Depending on the day we sometimesonly get Iced water Every 12-18 hoursIf yes, how often are you allowed to take a cold shower? 1 per day

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

N/A

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERN

Are you heat restricted? Yes No Please describe your heat restriction _____Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes NoAre you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? High blood pressure

Do you have a heat related illness? (Describe) No

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Heat Rash and headaches

Do you know of any heat related deaths? (name) No

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you been denied any of the following?

- Dayroom access
- Outside recreation
- Inside recreation
- Commissary

- Physical access to Law Library
- Educational Classes
- Phone privileges
- Access to showers

- Marriage Seminars
- Rehabilitation Programs
- Visitation
- Denied water

JOB

What is your job? Field Squad Time frame held? 6:00 AM - 12 PM How many hours a day do you work? 6

How many days a week do you work? 10 - 5 Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided)

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAAdvocates@gmail.com www.TPCAdvocates.org

TX 78358

Your Name Hugh L PierceTDCI Number 1590078Unit name CoffieldDate 7-1-2024Ethnicity OtherBirth Date 5-4-55

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCI has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCI accountable we need your help!

Please check all the following that apply.*

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> No Cups <i>in chow hall</i> | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) <i>But can't plug it in.</i> |
| <input type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input checked="" type="checkbox"/> No water <i>cold</i> | <input type="checkbox"/> No cooling shirts on Commissary | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | |
| <input type="checkbox"/> Cold Shower not working | <input type="checkbox"/> Health crisis disregarded | |
| <input type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

If yes, how often are you allowed to take a cold shower? _____

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERN

Are you heat restricted? Yes No Please describe your heat restriction _____

Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes No

Are you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? No

Do you have a heat related illness? (Describe) No

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

No

Do you know of any heat related deaths? (name) No

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access *it's off & on*
 Outside recreation
 Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? NONE Time frame held? _____ How many hours a day do you work? _____

How many days a week do you work? NONE Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided)

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX ~~78358~~

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAAdvocates@gmail.com www.TPCAAdvocates.org

Your Name Dudley Bernard
 TDCI Number 2421978
 Unit name Coffield



Date 6-26-2024
 Ethnicity African American
 Birth Date 8-4-1979

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCI has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCI accountable we need your help!

Please check all the following that apply. *

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | |
| <input type="checkbox"/> Cold Shower not working | <input type="checkbox"/> Health crisis disregarded | |
| <input type="checkbox"/> Low/no water pressure in shower | | |
| <input type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

No wellness checks being conducted

Transported/left in hot bus

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

We receive cold water once a day.

If yes, how often are you allowed to take a cold shower? Once per day

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERN

Are you heat restricted? Yes No Please describe your heat restriction High blood pressure

Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes No

Are you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? high blood pressure

Do you have a heat related illness? (Describe) _____

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

I have had and am developing all of these symptoms during the summer months at TDCJ.

Do you know of any heat related deaths? (name) _____

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
 Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? Medical Squad #2 Time frame held? N/A How many hours a day do you work? N/A

How many days a week do you work? N/A Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) N/A.

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358

358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAdvocates@gmail.com www.TPCAdvocates.org

Your Name VELBRUGGE MARTINTDCI Number 337041Unit name CORRUS UDate 6-26-24Ethnicity WhiteBirth Date 2-18-10

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCI has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCI accountable we need your help!

Please check all the following that apply. *

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | |
| <input type="checkbox"/> Cold Shower not working | <input type="checkbox"/> Health crisis disregarded | |
| <input type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

If yes, how often are you allowed to take a cold shower? 1 TIME A DAY

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERN

Are you heat restricted? Yes No Please describe your heat restriction _____

Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes No

Are you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? _____

Do you have a heat related illness? (Describe) _____

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Do you know of any heat related deaths? (name) _____

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
 Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? F 1 S Time frame held? 2 yrs How many hours a day do you work? 10

How many days a week do you work? 6 Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided)

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at:

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358

358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAdvocates@gmail.com www.TPCAdvocates.org

Your Name Thomas Anderson HatfieldTDCI Number 1803981Unit name CoffieldDate 6/26/24Ethnicity CaucasianBirth Date 01/25/90

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCI has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCI accountable we need your help!

Please check all the following that apply. *

- No Cups
 No Ice Slow full water
 Broken Ice Machines
 No water
 No Heat policy posted
 Cold Shower not working
 Low/no water pressure in shower
 Denied access to the respite area
 No access to cool down showers
- No Bottled water available through Commissary
 No electrolyte sports drinks available through Commissary
 No cooling towels on Commissary
 No cooling shirts on Commissary
 No water breaks while working (specifically outside jobs)
 Health crisis disregarded
 No wellness checks being conducted
- Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.)
 No access to Unit fans
 Broken Unit fans
 Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

The reception of water is arbitrary based onOfficer and inmate staffingIf yes, how often are you allowed to take a cold shower? Once a day

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

_____If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

_____Where are the non working fans? Living areas, work areas

HEAT RELATED MEDICAL CONCERN

Are you heat restricted? Yes No Please describe your heat restriction _____Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes NoAre you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? So I could work

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? None Known

Do you have a heat related illness? (Describe) _____

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Do you know of any heat related deaths? (name) _____

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
 Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? Scullary Time frame held? 0300-1200 How many hours a day do you work? B

How many days a week do you work? 6 Are you allowed water breaks for your job? Yes No soft of

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) I work with hot water my entire shift. Breaks are whenever we (my coworkers and I) can make them happen.

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCI Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358

358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAdvocates@gmail.com www.TPCAdvocates.org

Your Name Rolby LongoriaTDCI Number 02107560Unit name 60Date 6/26/24Ethnicity LatinoBirth Date 6/12/61

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCI has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCI accountable we need your help!

Please check all the following that apply.*

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input checked="" type="checkbox"/> Broken Unit fans |
| <input checked="" type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | |
| <input checked="" type="checkbox"/> Cold Shower not working | <input type="checkbox"/> Health crisis disregarded | |
| <input type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

About 2 times a day and water is with out

ice sand timer

If yes, how often are you allowed to take a cold shower? 0-1 a day

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

A/D

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area.

(frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

they give in respite it only for two-three hrs. It cool but they will not give you all day for respite

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERN

Are you heat restricted? Yes No Please describe your heat restriction _____

Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes No

Are you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did

you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? No

Do you have a heat related illness? (Describe) No

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

yes when it get over 99-100 in the cell i get dizziness & hot

Do you know of any heat related deaths? (name) _____

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
 Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? *N/A* Time frame held? _____ How many hours a day do you work? _____

How many days a week do you work? _____ Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided)

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at:

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358

358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAAdvocates@gmail.com www.JPCAAdvocates.org

Your Name Richard CorreiaTDCI Number 2445170Unit name ColfieldDate 06/26/24Ethnicity 11Birth Date 05/15/1983

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCI has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCI accountable we need your help!

Please check all the following that apply. *

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> Cold Shower not working | <input type="checkbox"/> Health crisis disregarded | |
| <input type="checkbox"/> Low/no water pressure in shower | <input type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

Twice A Day

If yes, how often are you allowed to take a cold shower? Juste in the summer

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances N/A

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

N/A

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

One hour

Where are the non working fans? NONE

HEAT RELATED MEDICAL CONCERN

Are you heat restricted? Yes No Please describe your heat restriction _____

Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? N/A

Have you chosen to waive their heat restriction themselves? Yes No

Are you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? NEVER HAD ANY

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? NO

Do you have a heat related illness? (Describe) _____

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

NO

Do you know of any heat related deaths? (name) YES / MARVIN

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
 Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? Unassigned on medical Time frame held? _____ How many hours a day do you work? NONE

How many days a week do you work? NONE Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) not given the option to work (only stating others who have complained due to other specifics of ordinary)

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78822

35%

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAAdvocates@gmail.com www.TPCAAdvocates.org

Your Name Makris IoannisTDCI Number 02250685Unit name HH CoffieldDate 06/26/24Ethnicity GreekBirth Date 04/01/78

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCI has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCI accountable we need your help!

Please check all the following that apply. *

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input checked="" type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | <input checked="" type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | |
| <input type="checkbox"/> Cold Shower not working | <input checked="" type="checkbox"/> Health crisis disregarded | |
| <input type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input checked="" type="checkbox"/> Denied access to the respite area | | |
| <input checked="" type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

When they bring ice in the wings they don't have enough ice for all coolers so they either put just 1/4 cooler full. Or sometimes they fill it up with cool down ice. They do it very sporadically so 10 to 15 min after it is empty if yes, how often are you allowed to take a cold shower? 1 time about 7 PM Due to that reason when we get racked up we end up having no cold water for hours.

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

On 06/25/24 I asked for a respite pass and I was told they didn't have passes when they finally got 1 I was given a pass at 12:10 for 30min. Didn't make it to the respite area till 12:25.

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area.

(frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Miss Riley the officer assigned to the Chapel doesn't allow us to go there for respite although it is assigned as respite area.

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERN

Are you heat restricted? Yes No Please describe your heat restriction N/A

Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? N/A

Have you chosen to waive their heat restriction themselves? Yes No

Are you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? N/A

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? I am hypoglycemic.

Do you have a heat related illness? (Describe) When my blood sugar is down I have the shakes and cold sweat and feeling weak. Those symptoms multiply when it is hot.

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Dizziness and fainting is multiplied exponentially when my blood sugar is down.

Do you know of any heat related deaths? (name) There was 1 I believe on 2023.

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No don't know

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
 Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

N/A

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? Med Squad H4 Time frame held? 6-12 How many hours a day do you work? 6

How many days a week do you work? 6 Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided)

N/A

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAAdvocates@gmail.com www.JPCAdvocates.org

Your Name Bobby GulloryTDCI Number 6222125Unit name CoffieldDate 6-26-2024Ethnicity WhiteBirth Date 7-18-63

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCI has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCI accountable we need your help!

Please check all the following that apply. *

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input checked="" type="checkbox"/> Broken Unit fans |
| <input checked="" type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input checked="" type="checkbox"/> Cold Shower not working | <input type="checkbox"/> Health crisis disregarded | |
| <input type="checkbox"/> Low/no water pressure in shower | <input type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).
Not much more not. Only Hot Water.

If yes, how often are you allowed to take a cold shower? I Some Times

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

Yes by 6w duty Co and a others'

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERN

Are you heat restricted? Yes No Please describe your heat restriction Dr 24 Fadrling

Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes No

Are you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? 911 Except Cancer

Do you have a heat related illness? (Describe) _____

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

All of this.

Do you know of any heat related deaths? (name) _____

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

- Dayroom access
- Outside recreation
- Inside recreation
- Commissary

- Physical access to Law Library
- Educational Classes
- Phone privileges
- Access to showers

- Marriage Seminars
- Rehabilitation Programs
- Visitation
- Denied water

JOB

What is your job? _____ Time frame held? _____ How many hours a day do you work? _____

How many days a week do you work? _____ Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided)

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

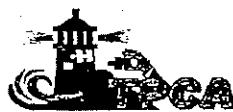
P. O. Box 1974

Fulton, TX 78062

358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAdvocates@gmail.com www.TPCAdvocates.org

Your Name KREUTZER, CHRISTOPHERTDCI Number 01270865Unit name COFFIELDDate 6-26-04Ethnicity WBirth Date 8-24-78

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCI has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCI accountable we need your help!

Please check all the following that apply.*

- No Cups No Bottled water available through Commissary
 No Ice No electrolyte sports drinks available through Commissary
 Broken Ice Machines No cooling towels on Commissary
 No water No cooling shirts on Commissary
 No Heat policy posted No water breaks while working (specifically outside jobs)
 Cold Shower not working Health crisis disregarded
 Low/no water pressure in shower No wellness checks being conducted Transported/left in hot bus
 Denied access to the respite area
 No access to cool down showers

 Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) No access to Unit fans
 Broken Unit fans Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

NO COLD, OR ICE WATER IN CHOW-HALL DINNER OR LUNCHI LIVE ON 3&4 ROW WHICH IS LOCKED, LUCKY WE A COOLER ICE (1) A DAYIf yes, how often are you allowed to take a cold shower? ONCE IF ANYIf no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances UNDER STAFFING PROBLEMS

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

SAY I WAS NOT GIVEN A PASS BY SGT. WAS NOT ALLOWED TO LEAVE
WING TO SET TO RESPITE AREA - 3:45 pm DATE 6-23-04

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area.

(frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

ALWAYS, 80 & UP

Where are the non working fans?

P1 & P2 RESTIVE HOUSEING

HEAT RELATED MEDICAL CONCERN

Are you heat restricted? Yes No Please describe your heat restriction _____Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes NoAre you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? _____

Do you have a heat related illness? (Describe) _____

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

I HAVE HEAT RASH'S, HEADACHE, LOSS OF APPETITE, BREATHING PROBLEMS

Do you know of any heat related deaths? (name) _____

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? A-PATIO Time frame held? 7-3 pm How many hours a day do you work? 8

How many days a week do you work? 5 Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided)

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at:

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358

358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAdvocates@gmail.com www.TPCAdvocates.org

Your Name Jerry Lee Canfield
 TDCI Number 01848978
 Unit name Coffield

Date June 27, 2024Ethnicity WhiteBirth Date 08-28-1982

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCI has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCI accountable we need your help!

Please check all the following that apply.*

- | | | |
|---|--|--|
| <input type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input type="checkbox"/> No water | <input checked="" type="checkbox"/> No cooling shirts on Commissary SX | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | |
| <input type="checkbox"/> Cold Shower not working | <input checked="" type="checkbox"/> Health crisis disregarded | |
| <input checked="" type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

If yes, how often are you allowed to take a cold shower? Once per day (depending on Staffing) (short staff 2 no show

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances Short Staffings

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area, (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

We're constantly harassed when requesting respite by officers. Allowed 30 minutes.

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? Yes No Please describe your heat restriction _____

Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes No So, I am not retaliated against for having one.

Are you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? Yes

Do you have a heat related illness? (Describe) Heat rash covering my legs, back, abdomen, and neck. Some bumps have gotten infected.

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

heat rash, headache, loss of appetite, excessive sweating, fast pulse

Do you know of any heat related deaths? (name) No L by name

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you been denied any of the following?

Dayroom access

Physical access to Law Library

Marriage Seminars

Outside recreation

Educational Classes

Rehabilitation Programs

Inside recreation

Phone privileges

Visitation

Commissary

Access to showers

Denied water

JOB

What is your job? O/S Med. Sv #6 Time frame held? No hours How many hours a day do you work? N/A

How many days a week do you work? N/A Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) N/A

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance N/A

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358
58

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAdvocates@gmail.com www.TPCAdvocates.org

Your Name RALPHEL ALEXANDERTDCI Number 525421Unit name COFFIELDDate 6-27-2024Ethnicity BLACKBirth Date 07-19-66

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply.*

- | | | |
|--|--|--|
| <input type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input checked="" type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input checked="" type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | |
| <input type="checkbox"/> Cold Shower not working | <input checked="" type="checkbox"/> Health crisis disregarded | |
| <input type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

Water is only distributed at the convenience

of the SSI, the majority of the time the ice is being sold for commissary

If yes, how often are you allowed to take a cold shower? 1x daily dependent upon staffing

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances no posted protocols

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

respite areas are only available with an official pass issued by an officer

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area.

(frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

I allowed to go respite area the officer overseeing that area dictated the duration of respite

Where are the non working fans? Currently the fans work in my area, but the officers try to dictate where they blow air

HEAT RELATED MEDICAL CONCERN

Are you heat restricted? Yes No Please describe your heat restriction no extreme temperatures

Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? N/A

Have you chosen to waive their heat restriction themselves? Yes No

Are you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did

you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? High Blood Pressure

Do you have a heat related illness? (Describe) Pre-Diabetes.

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Heat Rash, Dehydration, Cramps, Loss of Appetite, Feeling Sick

Do you know of any heat related deaths? (name) most recently, in P-6 outside dorm

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

- Dayroom access
- Outside recreation
- Inside recreation
- Commissary

- Physical access to Law Library
- Educational Classes
- Phone privileges
- Access to showers

- Marriage Seminars
- Rehabilitation Programs
- Visitation
- Denied water

JOB

What is your job? N/A Time frame held? N/A How many hours a day do you work? N/A

How many days a week do you work? N/A Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) N/A

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance N/A, Grievances are filed on unit, always denied

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed. Grievance Worthless without outside help.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAdvocates@gmail.com www.TPCAdvocates.org

Your Name Christopher Keeton
 TDCI Number 01922331
 Unit name Corfield



Date 6-28-24
 Ethnicity Black
 Birth Date 01-22-83

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCI has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCI accountable we need your help!

Please check all the following that apply. *

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | |
| <input type="checkbox"/> Cold Shower not working | <input type="checkbox"/> Health crisis disregarded | |
| <input type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).
We dont receive water except out Faucets, this water has

been known to give some inmates H. pylori.

If yes, how often are you allowed to take a cold shower? Once a day

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

I was denied last summer by Officer Freda Fuller For no reason

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Everyone is only allowed 15 minute access up to twice a day

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERN

Are you heat restricted? Yes No Please describe your heat restriction _____

Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes No

Are you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? No

Do you have a heat related illness? (Describe) No

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

unknown

Do you know of any heat related deaths? (name) There have been many, but listed C.O.D. are inaccurate

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
 Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? inside medical squad Time frame held? 6 months How many hours a day do you work? 0

How many days a week do you work? 0 Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided)

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358
68

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAdvocates@gmail.com www.TPCAdvocates.org

Your Name Walter HintonTDCI Number 1839405Unit name H.H. CoffieldDate June 27, 2024Ethnicity Black ManBirth Date 7-12-73

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCI has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCI accountable we need your help!

Please check all the following that apply. *

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input checked="" type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input checked="" type="checkbox"/> No water | <input checked="" type="checkbox"/> No cooling shirts on Commissary | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> Transported/left in hot bus |
| <input type="checkbox"/> Cold Shower not working | <input type="checkbox"/> Health crisis disregarded | |
| <input type="checkbox"/> Low/no water pressure in shower | <input type="checkbox"/> No wellness checks being conducted | |
| <input checked="" type="checkbox"/> Denied access to the respite area | | |
| <input checked="" type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

water is provided from a contaminated source, H. pylori, is knownto cause serious stomach virus.If yes, how often are you allowed to take a cold shower? Once to none, at night, not at peak hours.

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

yes, denied access by medical, stated, I only had 15 minutes last summer.

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area.

(frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

officers Fuller and officer Floyd threaten to write disciplinary cases for not following direct orders, but the rule states "as long as necessary 24 hrs daily, 7 days weekly.

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERN

Are you heat restricted? Yes No Please describe your heat restriction MedicationsHave you been asked to waive their Heat restrictions? Yes NoIf yes, who asked you to waive their heat restriction? administration / just to be moved outside, dorms.Have you chosen to waive their heat restriction themselves? Yes NoAre you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? high blood pressure

Do you have a heat related illness? (Describe) yes, at times my body temp heats up, I get dizzy when I stand-up fast, breathing fast,

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Do you know of any heat related deaths? (name) yes, don't know their entire full name

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
 Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? Inside Medical Sq Time frame held? 5 yrs. How many hours a day do you work? 6 hrs.

How many days a week do you work? 5 Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided)

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance to all grievances are rubber-stamped, no further action warranted.

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAdvocates@gmail.com www.TPCAdvocates.org

Your Name Felipe M. MorenoTDCI Number 2315990Unit name CoffieldDate 7-1-24

Ethnicity _____

Birth Date 5-11-79

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCI has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCI accountable we need your help!

Please check all the following that apply. *

- | | | |
|--|--|--|
| <input type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input type="checkbox"/> No water | <input type="checkbox"/> No cooling shirts on Commissary | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> No wellness checks being conducted |
| <input type="checkbox"/> Cold Shower not working | <input type="checkbox"/> Health crisis disregarded | Transported/left in hot bus |
| <input type="checkbox"/> Low/no water pressure in shower | | |
| <input type="checkbox"/> Denied access to the respite area | | |
| <input type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

There are many time when we run out of ice and at times the water is not clean.If yes, how often are you allowed to take a cold shower? 1 @ 7:00 pm

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

I have been granted but @ times it very hard to get a pass from officers. The conditions are fine for the most part allowed to stay till I feel better.

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERN

Are you heat restricted? Yes No Please describe your heat restriction No Temperature & Humidity ExtremesHave you been asked to waive their Heat restrictions? Yes NoIf yes, who asked you to waive their heat restriction? N/AHave you chosen to waive their heat restriction themselves? Yes NoAre you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? N/A

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? Ashma

Do you have a heat related illness? (Describe) There are time when there is extremes Temp & Humidity when I have had these symptoms Dizziness, headache, feeling sick etc

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Do you know of any heat related deaths? (name) _____

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? N/A Time frame held? N/A How many hours a day do you work? N/A

How many days a week do you work? N/A Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) N/A

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358

58

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAdvocates@gmail.com www.TPCAdvocates.org

Your Name Thomas L. Atchison II
 TDCI Number 2397122
 Unit name Coffield



Date _____

Ethnicity _____

Birth Date _____

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCI has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCI accountable we need your help!

Please check all the following that apply. *

- | | | |
|---|--|--|
| <input type="checkbox"/> No Cups | <input type="checkbox"/> No Bottled water available through Commissary | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans |
| <input type="checkbox"/> Broken Ice Machines | <input checked="" type="checkbox"/> No cooling towels on Commissary | <input type="checkbox"/> Broken Unit fans |
| <input checked="" type="checkbox"/> No water | <input checked="" type="checkbox"/> No cooling shirts on Commissary | |
| <input type="checkbox"/> No Heat policy posted | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas |
| <input type="checkbox"/> Cold Shower not working | <input type="checkbox"/> Health crisis disregarded | |
| <input type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted | Transported/left in hot bus |
| <input checked="" type="checkbox"/> Denied access to the respite area | | |
| <input checked="" type="checkbox"/> No access to cool down showers | | |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

We get water at the beginning of

each shift and again at lunch time

If yes, how often are you allowed to take a cold shower? Every other day

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

CD Allen in the infirmary denies everyone that comes to the infirmary for respite every day she works

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERN

Are you heat restricted? Yes No Please describe your heat restriction

Hypertension, Diabetes and Kidney Problems

Have you been asked to waive their Heat restrictions? Yes No

If yes, who asked you to waive their heat restriction? _____

Have you chosen to waive their heat restriction themselves? Yes No

Are you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer?

Do you have a heat related illness? (Describe)

*diabetes, high blood pressure
kidney failure dehydrate easily*

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

dizziness, headache, loss of appetite stomach & leg cramps

Do you know of any heat related deaths? (name) _____

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

Dayroom access
 Outside recreation
 Inside recreation
 Commissary

Physical access to Law Library
 Educational Classes
 Phone privileges
 Access to showers

Marriage Seminars
 Rehabilitation Programs
 Visitation
 Denied water

JOB

What is your job? _____ Time frame held? _____ How many hours a day do you work? _____

How many days a week do you work? _____ Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) _____

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358

58

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAdvocates@gmail.com www.TPCAdvocates.org

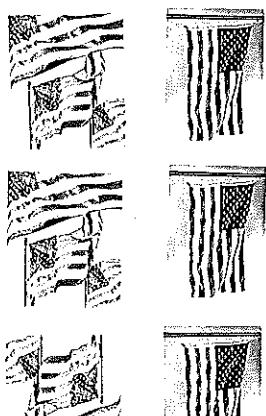
Jerry L. Canfield
DCS# 01848978
H. Coffield Unit
1661 FM 2054

Tennessee Colony, TX 75884-5000

LEGAL MAIL



9589 0710 5270 0944 2874 65



United States District Court
for the Western District of Texas,
Austin Division
501 West 5th Street, Room 1100
Austin, TX 78701